

# **Exhibit A**



September 11th  
Victim Compensation Fund

September 22, 2014

SHAUNA JONES  
C/O MICHAEL BARASCH  
BARASCH MCGARRY SALZMAN & PENSON  
11 PARK PLACE 1801  
NEW YORK NY 10007

Dear Shauna Jones:

The Special Master has determined that you have been appointed as the Personal Representative for the claim filed on behalf of MARION JONES and the September 11th Victim Compensation Fund ("VCF") will move forward with the review of your claim. The claim number is VCF0040406.

As the Personal Representative, you are responsible for submitting all materials necessary for the VCF to process the claim. This includes information and documents needed to determine the decedent's eligibility and to calculate the appropriate compensation under the terms of the Statute and Regulations.<sup>1</sup>

The Personal Representative is also responsible for assuring that any compensation received from the VCF on behalf of the deceased individual is distributed to the eligible survivors or other recipients in accordance with the applicable state law or any applicable ruling made by a court of competent jurisdiction or as provided by the Special Master. Please see Frequently Asked Questions (FAQs) #5.1 thru 5.5 and #8.11 on the [www.vcf.gov](http://www.vcf.gov) website for more information.

When submitting the Compensation Form for Deceased Individuals, you are required to propose a distribution plan. If there is a bona fide dispute over the proposed distribution plan, the Special Master is not required to arbitrate, litigate, or otherwise resolve any such dispute. In these situations, the Special Master will, if sufficient information is provided, calculate the appropriate compensation amount and authorize payment, but will hold any payment until the dispute is resolved. If the dispute cannot be resolved by agreement of the various parties, the Special Master may deposit the award into your account (as the Personal Representative) or into a court supervised account while the dispute is adjudicated by a court of competent jurisdiction.

The VCF will inform you if any additional documentation is needed in order to process your claim.

If you have any questions regarding your claim, please call the VCF toll-free Helpline at 1-855-885-1555. For the hearing impaired, please call 1-855-885-1558 (TDD). If you are calling from outside the United States, please call 1-202-353-0356. Every effort will be made to respond to your application and/or inquiries as soon as possible.

<sup>1</sup> The Statute (the Air Transportation Safety and System Stabilization Act as amended by the Zadroga Act) and the Regulations are located at <http://www.vcf.gov/lawRulesOtherDocs.html>.



September 11th  
Victim Compensation Fund

Sincerely,

September 11<sup>th</sup> Victim Compensation Fund

P.O. Box 34500, Washington, D.C. 20043  
VCF0040406PR0922141C

**BARASCH MCGARRY SALZMAN & PENSON**

ATTORNEYS AT LAW

MICHAEL A. BARASCH  
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Fax No. (212) 385-7845

COUNSEL  
DANA CUTTING  
BRUCE KAYE  
SARA DIRECTOR  
NANCY TANG

[www.personalinjuryjustice.com](http://www.personalinjuryjustice.com)[www.firelaw.com](http://www.firelaw.com)

April 1, 2016

September 11th Victim Compensation Fund  
Claims Processing Center  
1100 L Street NW-Suite 3000  
Washington, D.C. 20005

To Whom It May Concern:

Please let this letter confirm the correct social security number  
For the claimant listed below:

Correct Spelling of Claimants Name	VCF Number	Social Security Number
Shawna Jones	VCF0040406	

Please update the VCF records to reflect this.

Thank You,  
Nolan Howard  
Compensation Claim Manager





September 11th  
Victim Compensation Fund

February 27, 2018

SHAWNA JONES  
C/O MICHAEL BARASCH  
BARASCH MCGARRY SALZMAN & PENSON  
11 PARK PLACE 1801  
NEW YORK NY 10007-2811

Dear SHAWNA JONES:

The September 11th Victim Compensation Fund ("VCF") sent you a letter on September 13, 2017 notifying you of the decision on your claim and the amount of your award. Your claim number is **VCF0040406**. That letter included a request for documents that were missing from your claim and are required in order to process your payment. The VCF has since received the requested documents and this letter provides the details of your award and information on the next steps to be taken on your claim.

Based on the information you submitted, the VCF has calculated the amount of your eligible loss as **\$497,586.13**. This determination is in accordance with the requirements of the Reauthorized Zadroga Act. The enclosed "Award Detail" includes a detailed explanation of the calculation and a list of the eligible conditions included in this determination.

No non-routine legal service expenses are approved for reimbursement for this claim.

As the Personal Representative, you are required to distribute any payment received from the VCF on behalf of the victim to the eligible survivors or other recipients in accordance with the applicable state law or any applicable ruling made by a court of competent jurisdiction or as provided by the Special Master.

#### **What Happens Next**

The VCF will deem this award to be final and will begin processing the payment on your claim unless you complete and return the enclosed Compensation Appeal Request Form within **30 days from the date of this letter** as explained below. If you do not appeal, the Special Master will authorize the payment on your claim within 20 days of the end of the 30-day appeal period. Once the Special Master has authorized the payment, it may take up to three weeks for the United States Treasury to disburse the money into the bank account designated on the VCF ACH Payment Information Form or other payment authorization document you submitted to the VCF.

- **Appealing the Award:** You may request a hearing before the Special Master or her designee if you believe the amount of your award was erroneously calculated or if you believe you can demonstrate extraordinary circumstances indicating that the award does not adequately address your claim. **If you choose to appeal, your payment will not be processed until your appeal has been decided.**



September 11th  
Victim Compensation Fund

To request a hearing, you must complete and return the enclosed Compensation Appeal Request Form and Pre-Hearing Questionnaire no later than **30 calendar days** from the date of this letter. The VCF will notify you in writing of your scheduled hearing date and time and will provide additional instructions to prepare for your hearing. If both forms are not submitted with complete information within 30 days, you have waived your right to appeal and we will begin processing your payment.

- **Amending your Claim:** You may amend your claim in the future if your circumstances change and you have new information to provide to the VCF. For example, you may amend if the WTC Health Program certifies additional physical conditions for treatment, if you have information in support of your claim that was not submitted to the VCF when your award was determined and that you believe would affect the amount of your award, or if you have incurred additional economic loss due to an eligible condition. The VCF will review the new information and determine if it provides the basis for a revised decision. Please see the VCF website for additional details on how to amend your claim and the specific circumstances that may be appropriate to request an amendment.
- **Notifying the VCF of new Collateral Source Payments:** You must inform the VCF of any new collateral source payments you receive, or become entitled to receive, such as a change to your disability or survivor benefits, as this may change the amount of your award. If you notify the VCF within 90 days of learning of the new collateral source payment, your award will not be adjusted to reflect the new entitlement or payment. If you notify the VCF more than 90 days after learning of the new or revised entitlement or payment, the VCF may adjust your award to reflect the new payment as an offset, which may result in a lower award. If you need to notify the VCF of a new collateral source payment, please complete the "Collateral Offset Update Form" found under "Forms and Resources" on the [www.vcf.gov](http://www.vcf.gov) website.

Your award was calculated using our published regulations, and I believe it is fair and reasonable under the requirements of the Reauthorized Zadroga Act. As always, I emphasize that no amount of money can alleviate the losses suffered on September 11, 2001.

If you have any questions, please call our toll-free Helpline at 1-855-885-1555. For the hearing impaired, please call 1-855-885-1558 (TDD). If you are calling from outside the United States, please call 1-202-514-1100.

Sincerely,

Rupa Bhattacharyya  
Special Master  
September 11th Victim Compensation Fund

cc: SHAWNA JONES



September 11th  
Victim Compensation Fund

### Award Detail

Claim Number: VCF0040406  
Decedent Name: MARION JONES

PERSONAL INJURY CLAIM (Losses up to Date of Death)	
<b>Lost Earnings and Benefits</b>	
Loss of Earnings including Benefits and Pension	
Mitigating or Residual Earnings	
<b>Total Lost Earnings and Benefits</b>	\$0.00
<b>Offsets Applicable to Lost Earnings and Benefits</b>	
Disability Pension	
Social Security Disability Benefits	
Workers Compensation Disability Benefits	
Disability Insurance	
Other Offsets related to Earnings	
<b>Total Offsets Applicable to Lost Earnings</b>	\$0.00
<b>Total Lost Earnings and Benefits Awarded</b>	\$0.00
<b>Other Economic Losses</b>	
Medical Expense Loss	
Replacement Services	
<b>Total Other Economic Losses</b>	\$0.00
<b>Total Economic Loss</b>	\$0.00
<b>Total Non-Economic Loss</b>	\$250,000.00
<b>Subtotal Award for Personal Injury Claim</b>	\$250,000.00





September 11th  
Victim Compensation Fund

<b>DECEASED CLAIM (Losses from Date of Death)</b>	
<b>Loss of Earnings including Benefits and Pension</b>	
<b>Offsets Applicable to Lost Earnings and Benefits</b>	
Survivor Pension	
SSA Survivor Benefits	
Worker's Compensation Death Benefits	
Other Offsets related to Earnings	
<b>Total Offsets Applicable to Loss of Earnings and Benefits</b>	\$0.00
<b>Total Lost Earnings and Benefits Awarded</b>	\$0.00
<b>Other Economic Losses</b>	
Replacement Services	
Burial Costs	\$7,856.75
<b>Total Other Economic Losses</b>	\$7,856.75
<b>Total Economic Loss</b>	\$7,856.75
<b>Non-Economic Loss</b>	
Non-Economic Loss - Decedent	\$250,000.00
Non-Economic Loss - Dependent(s)	
<b>Total Non-Economic Loss</b>	\$250,000.00
<b>Additional Offsets</b>	
Social Security Death Benefits	(\$255.00)
Life Insurance	(\$10,015.62)
Other Offsets	
<b>Total Additional Offsets</b>	(\$10,270.62)
<b>Subtotal Award for Deceased Claim</b>	\$247,586.13





September 11th  
Victim Compensation Fund

<b>Subtotal of Personal Injury and Deceased Claims</b>	\$497,586.13
PSOB Offset	
Prior Lawsuit Settlement Offset	
Previously Paid Personal Injury Award	
<b>TOTAL AWARD</b>	\$497,586.13
<b>Factors Underlying Economic Loss Calculation</b>	
Annual Earnings Basis (without benefits)	
Percentage of Disability attributed to Eligible Conditions - applicable to Personal Injury losses	
Start Date of Loss of Earnings Due to Disability - applicable to Personal Injury losses	

<b>Eligible Conditions Considered in Award</b>
Asthma
Lung Cancer (with Metastases)



September 11th  
Victim Compensation Fund

### Treating Physician Information Form

#### Treating Physician Information Form

Name of Patient: Marion Jones (Deceased)

VCF Claim Number: VCF 0040406

Physician Name: NOAH KORNBLUM, MD

In the below chart, list the conditions for which you are currently treating (or previously treated) the Claimant. For each condition, provide the earliest date (month and year) of symptom onset and the date of first diagnosis (month and year).

Please provide copies of relevant records to support the diagnoses for the conditions listed below and any other information that might be relevant to the VCF, such as the effect of the condition(s) on the Claimant. As an alternative to providing supporting medical records, you may instead provide a written report explaining your diagnosis and its basis, along with your recommendation for treatment and management.

If applicable, please also provide a summary of any complications of treatment (i.e., new diagnoses stemming from treatment) and provide applicable medical records.

Condition Treated	Earliest Date of Symptom Onset (month/year)	Date of First Diagnosis (month/year)
NON-SMALL CELL LUNG CANCER	10/2012	11/2012

**BARASCH MCGARRY SALZMAN & PENSON**

ATTORNEYS AT LAW

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Fax No. (212) 385-7845

\*ADMITTED IN NY & CT

[www.baraschmccgarry.com](http://www.baraschmccgarry.com)  
[www.firelaw.com](http://www.firelaw.com)

SARA DIRECTOR  
DANA CUTTING  
LEE LONDON  
MARIYA ATANASOVA  
JENNIFER JIMENEZ  
JAMES STEINER

February 28, 2017

September 11th Victim Compensation Fund  
Claims Processing Center  
1100 L Street NW-Suite 3000  
Washington, D.C. 20005

Claimant Name: Shauna Jones on behalf Marion Jones  
VCF Number: VCF0040406

To Whom It May Concern:

This letter is in response to an inquiry from the VCF requesting proof of cause of death on behalf of Marion Jones. Enclosed, please find medical records from the day Ms. Jones passed away. The records state that Marion Jones expired on 9/23/2013 as a result of advanced lung cancer. If additional information is needed, please contact the undersigned.

Nolan Howard  
Case Manager

JONES, Marion C

\*\*\*\*2971

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\*DISJUM\*

**Montefiore**THE UNIVERSITY HOSPITAL FOR  
ALBERT EINSTEIN COLLEGE OF MEDICINE

Name: JONES, MARION C

MRN: [REDACTED]

DOB: [REDACTED] 69 F

Acct#/Fac/Room: [REDACTED] / /

Created by PRANAV PATEL MD, INT at 23Sep2013 03:32 PM

Status: Signed by PRANAV PATEL MD, INT at 23Sep2013 04:39 PM

**Discharge Summary****Discharge Summary**Signed by: PRANAV PATEL MD, INT  
23Sep2013 04:39 PM**Dates of Hospitalization**

Admit Date: 23Sep2013

Discharge Date: 23Sep2013

**Presenting History**

69yo F, with metastatic Non Squamous cell Lung Cancer (diagnosed in Dec2012, currently under care managed by Dr. Kornblum), HTN, HLD, asthma, and gastric lap banding surgery (2004), presents with seizure episode at home( as per daughter she was shaking whole body and she was not responding, she passed urine at that time lasted for 1-2 min. She was not responding for 5-7 minutes until AMS came. She was confused for few minutes and then came back to her baseline). She didnt have any similar episode before. She had also 1 week of altered mental status and decreased PO and medication intake. Patient was at her baseline mental status (talkative, coherent, oriented x 3, able to feed herself, minimally ambulatory) until last week Tuesday, when she had brain scans with IV contrast, after which the patient became confused and did not know where she was (at home with her daughter). Other complaints include: decreased feeding and taking medications, not being able to feed herself, and less steady gait. Patient saw her oncologist on Thursday, who had the impression that the pain regimen was responsible for her altered mental status.

She was on pain management and recently started on hospice care. Pt had multiple admissions for the AMS and found to have hyponatremia on last admission 2 weeks back. most likely related to SIADH, treated with hypertonic NaCL,pt also received blood transfusions.

Review of systems negative for: fevers/chills, shortness of breath or cough, chest pain, nausea/vomiting, abdominal pain, dysuria, diarrhea.

**Presenting Physical Exam**

**General Exam:** Appers in severe pain. Tachycardic. Awake, responding to commands, giving answers

**Skin Exam:** Healed/old scar LS spine, and crescent shaped old healed scar left buttock

**Head Exam:** NC/AT

**Eye Exam:** PERRLA

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JONES, Marion C

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DOB: [REDACTED] 69 F

Acct#/Fac/Room: [REDACTED] / /

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**Discharge Summary****Neck Exam:** no JVD**Chest Exam:** RT sided portacath palpable**Respiratory Exam:** decreased air entry L base**Cardiac Exam:** s1 s2 0 no m/g/r**Gastrointestinal Exam:** The abdomen has a normal appearance. Auscultation is normal. The abdomen is normal to palpation. palpable device in rt hypochondrium.**Extremities Exam:** No edema**Neurological Exam:** AA&Ox3 but lethargic**Pertinent Labs and Diagnostics****Labs**

Results (recorded as of 23Sep2013 03:55 PM for past 2 days)

**Chemistry Panels-**

Name	Result	Date/Time	Remarks
SODIUM	132 MEQ/L	23Sep13 07:21	
	131 MEQ/L	23Sep13 05:35	
POTASSIUM	4.2 MEQ/L	23Sep13 07:21	
	4.7 MEQ/L	23Sep13 05:35	
CHLORIDE	102 MEQ/L	23Sep13 07:21	
	96 MEQ/L	23Sep13 05:35	
CO2	19 MEQ/L	23Sep13 07:21	
	13 MEQ/L	23Sep13 05:35	
GLUCOSE	101 MG/DL	23Sep13 07:21	
	154 MG/DL	23Sep13 05:35	
UREA NITROGEN	19 MG/DL	23Sep13 07:21	
	20 MG/DL	23Sep13 05:35	
CREATININE	0.7 MG/DL	23Sep13 07:21	
	0.7 MG/DL	23Sep13 05:35	
CALCIUM	7.4 MG/DL	23Sep13 07:21	
	7.9 MG/DL	23Sep13 05:35	
GFR Calculation	> 60	23Sep13 07:21	
	> 60	23Sep13 05:35	
PHOSPHORUS	3.1 MG/DL	23Sep13 07:21	

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JONES, Marion C

\*\*\*\*2971

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"DESUM"

**Montefiore**THE UNIVERSITY HOSPITAL FOR  
ALBERT EINSTEIN COLLEGE OF MEDICINE

Name: JONES, MARION C

MRN: [REDACTED]

DOB: [REDACTED] 69 F

Acct#/Fac/Room: [REDACTED] / /

Created by PRANAV PATEL MD, INT at 23Sep2013 03:32 PM

Status: Signed by PRANAV PATEL MD, INT at 23Sep2013 04:39 PM

**Discharge Summary**

Name	Result	Date/Time	Remarks
ALBUMIN	2.4 G/DL	23Sep13 05:35	
TOTAL PROTEIN	7.9 G/DL	23Sep13 05:35	
BILIRUBIN TOTAL	0.4 MG/DL	23Sep13 05:35	
BILIRUBIN DIRECT	0.2 MG/DL	23Sep13 05:35	
ALKALINE PHOS	122 U/L	23Sep13 05:35	
SGOT	36 U/L	23Sep13 05:35	
SGPT	11 U/L	23Sep13 05:35	

**Coagulation-**

Name	Result	Date/Time	Remarks
INR:	1.3 RATIO	23Sep13 05:02	
PROTHROMBIN TIME	12.8 SECONDS	23Sep13 05:02	
APTT	27.0 SECONDS	23Sep13 05:02	

**Blood Gas/Coox Results-**

Name	Result	Date/Time	Remarks
pH	7.398	23Sep13 06:40	
	7.333	23Sep13 04:32	
PCO2	32.5 MM HG	23Sep13 06:40	
	26.0 MM HG	23Sep13 04:32	
PO2	90.7 MM HG	23Sep13 06:40	
	138.0 MM HG	23Sep13 04:32	
BASE XS	-4.40 MMOLES/L	23Sep13 06:40	
	-11.30 MMOLES/L	23Sep13 04:32	
BICARB	19.6 MMOLES/L	23Sep13 06:40	
	13.4 MMOLES/L	23Sep13 04:32	
DIR O2 SAT	97.9 %	23Sep13 06:40	
	98.4 %	23Sep13 04:32	
SODIUM-BLOOD GAS	137 MEQ/L	23Sep13 06:40	
	142 MEQ/L	23Sep13 04:32	
POTASSIUM-BLOOD GAS	4.3 MEQ/L	23Sep13 06:40	
	4.9 MEQ/L	23Sep13 04:32	

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JONES, Marion C

\*\*\*\*2971

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\*DESUM\*

**Montefiore**THE UNIVERSITY HOSPITAL FOR  
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Name: JONES, MARION C

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DOB: [REDACTED] -69 F

Acct#/Fac/Room: [REDACTED] / /

Created by PRANAV PATEL MD, INT at 23Sep2013 03:32 PM

Status: Signed by PRANAV PATEL MD, INT at 23Sep2013 04:39 PM

**Discharge Summary**

Name	Result	Date/Time	Remarks
HEMATOCRIT-BLOOD GAS	18.3 %	23Sep13 06:40	
	19.5 %	23Sep13 04:32	
GLUCOSE-BLOOD GAS	110 MG/DL	23Sep13 06:40	
	167 MG/DL	23Sep13 04:32	
LACTIC ACID:	1.6 MMOLES/L	23Sep13 06:40	
	7.2 MMOLES/L	23Sep13 04:32	
IONIZED CALCIUM	4.13 MG/DL	23Sep13 06:40	
	4.54 MG/DL	23Sep13 04:32	
FI O2, BG	6L NC	23Sep13 06:40	
	Room air	23Sep13 04:32	

**Chemistry, General-/Additional Gen Chemistry-**

Name	Result	Date/Time	Remarks
C-REACTIVE PROTEIN	15.7 MG/DL	23Sep13 09:36	
LIPASE	6 U/L	23Sep13 05:35	

**Microbiology, General-/Bacteriology-**

Name	Result	Date/Time	Remarks
BLOOD CULTURE	Prelim	23Sep13 03:07	

Name	Result	Date/Time	Remarks
ABO/RH_TYPE	A Positive	23Sep13 05:17	
ANTIBODY_SCREEN	Negative	23Sep13 05:17	
COMPONENT STATUS,RBC	Issued	23Sep13 06:31	
	Ready	23Sep13 05:20	
RBC	2.41 MIL/UL	23Sep13 07:04	
	2.73 MIL/UL	23Sep13 04:51	
HEMOGLOBIN	6.6 G/DL	23Sep13 07:04	
	7.6 G/DL	23Sep13 04:51	

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JONES, Marion C

\*\*\*\*2971

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\*DSUM\*

**Montefiore**THE UNIVERSITY HOSPITAL FOR  
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Name: JONES, MARION C

MRN: [REDACTED]

DOB: [REDACTED]-69 F

Acct#/Fac/Room: [REDACTED] / /

Created by PRANAV PATEL MD, INT at 23Sep2013 03:32 PM

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**Discharge Summary**

Name	Result	Date/Time	Remarks
HEMATOCRIT	20.5 %	23Sep13 07:04	
	23.6 %	23Sep13 04:51	
MCV	85.2 FL	23Sep13 07:04	
	86.6 FL	23Sep13 04:51	
MCH	27.6 PG	23Sep13 07:04	
	27.8 PG	23Sep13 04:51	
MCHC	32.4 G/DL	23Sep13 07:04	
	32.1 G/DL	23Sep13 04:51	
MPV	8.2 FL	23Sep13 07:04	
	9.0 FL	23Sep13 04:51	
RDW	18.3	23Sep13 07:04	
	18.6	23Sep13 04:51	
PLATELET-COUNT	120.0 K/UL	23Sep13 07:04	
	136.0 K/UL	23Sep13 04:51	
WBC	9.1 K/UL	23Sep13 07:04	
	8.8 K/UL	23Sep13 04:51	

**Diagnostic studies:**Patient name: Marion C JONES, Acc: [REDACTED] MRN: [REDACTED] DOD:  
9/23/2013 3:50 AM.

Exam: CXR AP With Portable

CLINICAL INDICATION: Seizures 780.39 ::Unresponsive

**IMPRESSION:**

The left hemidiaphragm is moderate to severely elevated, more so than prior exam. There is dependent air space opacity within the left lower lobe representing atelectasis or pneumonia.

01412971 DOS:9/23/2013 4:06 AM , DOD: 9/23/2013 5:36 AM  
EXAMINATION: CT Head Without Contrast**IMPRESSION:**

Motion artifact limits evaluation. There is no acute intraparenchymal hemorrhage, extra-axial fluid collection, or mass effect. There are mild to moderate patchy areas of white matter

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JONES, Marion C

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\*DISSUM\*

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Name: JONES, MARION C

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Acct#/Fac/Room: [REDACTED] / /

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**Discharge Summary**

hypodensity present compatible with microvascular ischemic change. There is an old lacunar infarct within the left basal ganglia. There is a small air-fluid level within the left maxillary sinus. There is some fluid within the right mastoid air cells which is mildly worse when compared with prior exam.

**Hospital Course****Hospital Course**

After admission pt was evaluated for h/O shaking with underlying history of Malignancy. She was having low H&H. One PRBC is transfused. Chest Xray, head CT and routine labs were done. Started antibiotics for possible infection. HemOnc consult and Palliative care consult were called. Informed Dr Kornblum about the pt. Started her on pain medication she was taking at home. Family were addressed about the worst prognosis of the disease and informed about the palliative and comfort care.

Later in the afternoon, nurse was called by daughter because pt was not responding. Pt was examined at bedside. She was not responding. Pulses were not palpable. No any active respiration noted. Family was informed about the grave prognosis. It is confirmed again that pt is DNR/DNI. Daughter Shawna Jones confirmed the status. EKG was done showed no cardiac activity, Cornea was not responding to light.

Daughter is informed about the unfortunate Death of her mother. She was explained about the autopsy. Family denied autopsy and social worker is informed for further care of the body.

Case is seen and discussed with attending Dr Porrovecchio.

**Diagnoses****Principal Diagnosis (presenting condition)**

Advanced Lung carcinoma

**Discharge Information****Condition on discharge**

Pt is expired